



# UNIVERSAL SERVICE FUND LIBRARY TECHNOLOGY PLAN APPLICATION

LIBRARY NAME \_\_\_\_\_  
CONTACT PERSON \_\_\_\_\_  
CONTACT PERSON'S TITLE \_\_\_\_\_  
STREET ADDRESS 1 \_\_\_\_\_  
STREET ADDRESS 2 \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
VOICE TELEPHONE NUMBER \_\_\_\_\_  
FAX TELEPHONE NUMBER \_\_\_\_\_  
E-MAIL ADDRESS FOR CONTACT PERSON \_\_\_\_\_  
URL FOR LIBRARY \_\_\_\_\_  
DATES COVERED BY PLAN: from \_\_\_\_\_ to \_\_\_\_\_

**Libraries and consortia must submit a technology plan to the Library of Michigan for approval in order to be able to receive Universal Service Fund discounts under the Telecommunications Act of 1996. Your plan may cover up to a three-year period.** Please use this form to submit a technology plan for approval in order to meet federal requirements. If your library or consortium has a technology plan that answers **all** of the questions listed on the following pages, send one copy (**non-returnable**) of the plan to the Library of Michigan. You will receive a letter from the Library of Michigan certifying your plan for USF purposes.

If your library or consortium does not already have a technology plan that meets federal guidelines, please complete this form and submit **two copies** to the Library of Michigan. We will keep one copy on file, and the copy we return to you should be kept with your other important papers to prove that your library has received the proper certification to receive discounted telecommunications rates. Please note that you may either complete this form, or submit a plan that answers all the questions asked herein. Either way, your response **must** address all the questions presented here. Incomplete plans/forms will be returned for further explanation, and may result in delays in receiving your discounts.

*Send your technology plan or completed form to:*

**USF TECHNOLOGY PLANS  
LIBRARY OF MICHIGAN  
717 WEST ALLEGAN STREET  
PO BOX 30007  
LANSING, MICHIGAN 48909-7507**

**If you have questions**, please contact Sheryl Mase at the Library of Michigan via e-mail: [smase@libraryofmichigan.org](mailto:smase@libraryofmichigan.org) or phone: (517) 373-4331.

**PLEASE DO NOT WRITE IN THIS BOX / LIBRARY OF MICHIGAN USE ONLY**

Dates of plan coverage: from \_\_\_\_\_ to \_\_\_\_\_

Date of plan approval: \_\_\_\_\_

Signature of State Librarian: \_\_\_\_\_

Please make sure all characters appear in the box.

1. What is the mission of your library or consortium? Please note that the goals and strategies you list to answer the next question should be tied to this mission.

2. What are your goals and strategies in using technology to meet this mission? Please state these goals clearly and use the strategies to provide measurable milestones to meet your mission. This plan should cover a period of three years. Fiscal or calendar years are acceptable. If your institution is required by local authorities to operate under a **longer** planning cycle, this is acceptable.

3. Please describe the technology already in place to meet your mission. What additional hardware and software will be needed? Include your plans for replacement of outdated equipment.

4. Please describe briefly the training and/or technical skills your staff already possess. How do you plan to train your staff to help meet its mission? Specifically, what training or continuing education will staff receive in using technology to achieve the mission?

5. Please describe your proposed technology budget for the three years of this plan.

Specify Year	_____(Year One)	_____(Year Two)	_____(Year Three)
Hardware	_____	_____	_____
Software	_____	_____	_____
Telecommunications	_____	_____	_____
Database licensing	_____	_____	_____
Contract services	_____	_____	_____
Staff training	_____	_____	_____
Depreciation (if available)	_____	_____	_____
Other (please describe briefly):			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<b>TOTAL</b>	_____	_____	_____

*Optional:*

If you are planning to fund these expenses outside of the usual public library funding sources (local government aid, operating levies, state aid, penal fines, LSTA, and USF discounts), please describe these alternative sources.

6. How will you evaluate progress in achieving the goals and strategies you've outlined in question 2? How will you decide to make course corrections, if indicated?

7. How will the savings from the USF discounts be applied in your library or consortium?

PLEASE RETURN TO:  
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LIBRARY OF MICHIGAN  
717 WEST ALLEGAN STREET, PO BOX 30007  
LANSING, MICHIGAN 48909**

*Thank you for your cooperation!*